

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

09/926009

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TAL D.							TAL IND.						
TAL P.							TOTAL DEP.						
TAL AIMS							TOTAL CLAIMS						

3-1360 (3-78)

*MAY BE USED FOR ADDITIONAL CLAIMS & AMENDMENTS U.S. DEPARTMENT OF COMMERCE

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